

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

☐ City Attorney
☐ Bureau of Fire Prevention
☐ Health Dept.
☒ Police
CATERER ☒

DATE 08/03/01

RETURN BY 8/15/01

NON-CATERER

APPLICANT: TOM VANOUS, CHANCES "R" RESTAURANT

APPLICANT'S ADDRESS: 124 WEST 5TH STREET, YORK, NE 68467

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : NEBR CHAMPIONS CLUB, 701 NORTH 10TH STREET, LINCOLN, NE 68508

DATE(S) OF EVENT: AUGUST 25, 2001

TIME(S) OF EVENT : 8 A.M. TO 12:00 MIDNIGHT

TYPE OF ACTIVITY: PRE-GAME AND POST-GAME FOOD/ENTERTAINMENT FOR CLUB MEMBERS/GUESTS.

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

☒ APPROVED

CONDITIONS _____

☐ DENIED

REASON(S) FOR _____



Signature

8-3-01

Date

(If needed, use back for additional space)

NEBRASKA LIQUOR CONTROL COMMISSION
**APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT**

PLEASE TYPE OR PRINT

Complete all Sections

Commission Use Only

Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission, P.O. Box 95046, Lincoln, NE 68509. A license fee of \$25 (payable to Nebraska Liquor Control Commission) for each day for which the license is applied (not to exceed six days in one calendar year) and **local approval** must be included with this application. A **SIGNED STATEMENT FROM LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICH EVER IS APPLICABLE, AS PER QUESTION 11, MUST BE INCLUDED.**

NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS - Page 3.

1. Type of Beverage(s) to be served: ☒ Beer ☒ Wine ☒ Distilled Spirits

2. Status of the Applicant (check one) Public
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☒ Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation

3. **Name and Address** of Corporation, Organization or Licensee obtaining license. **If licensee, give license number** CK 00196
Is this a catering license ☒ YES ☐ NO
CHANCES "R" RESTAURANT 124 WEST 5TH STREET YORK, NE 68467

4. **Address or location** of premises to be covered by license, City, Zip Code & County
NEBRASKA CHAMPIONS CLUB 701 N. 10TH ST. LINCOLN, NE 68508 LANCASTER COUNTY

5. Is this **PREMISE** currently licensed under the Nebraska Liquor Control Act? ☐ YES ☒ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
NEBRASKA ALUMNI ASSOCIATION

7. Please list the name and **telephone number** of the primary event **supervisor**, who will actually be present at the **location** of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
TOM VANOUS Home # (402) 362-7552 Work # (402) 362-7755

8. Date(s) of occasion (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER
SATURDAY, AUGUST 25, 2001

9. Time(s) of event (example 8am to 1am)
FROM: 8:00AM TO: 12:00 MIDNIGHT

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
PRE-GAME AND POST-GAME FOOD AND ENTERTAINMENT FOR CLUB MEMBERS AND THEIR GUESTS.

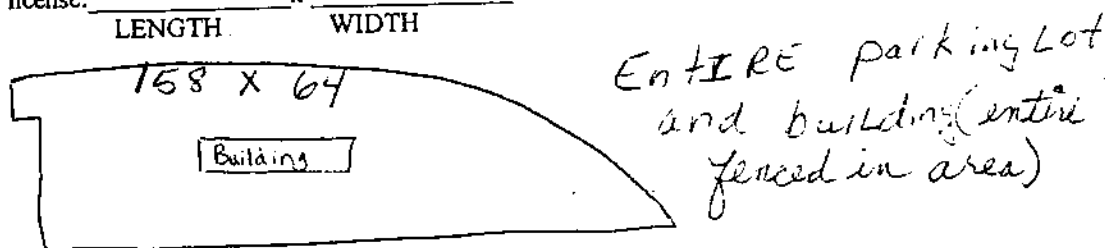
PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

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NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT - PAGE 2

12. Description of the premises: ☒ Inside Building ☒ Outdoor Area
If outdoor area, how will premises be separated from areas open to the general public? ☒ Fence ☐ Tent ☐ Other (if other, please explain)
Dimensions of area to be covered by license: _____ x _____. Please draw in the space provided below, the area where
liquors will be sold and consumed. LENGTH WIDTH



*INSIDE THE BUILDING AS WELL AS THE OUTDOOR FENCED PARKING LOT.

13. Is the premises to be covered by the license located within the corporation limits?..... ☒ YES ☐ NO

14. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children?..... ☒ YES ☐ NO
*WEST OF MEMORIAL STADIUM / UNIVERSITY OF NEBRASKA CAMPUS

15. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.
OUR OWN LICENSE - CK 00196

16. Will the premises to be covered by the license comply with all Nebraska sanitation laws?..... ☒ YES ☐ NO

17. Are there separate toilets for both men and women?..... ☒ YES ☐ NO

18. Other information or requests by the applicant:

19. Will there be any games of chance operating during the event? ☐ YES ☒ NO

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law. There are no exceptions for Non Profit Organizations. This is only an application for a Special Designated License and is not a gambling permit application.

20. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit.

sign here		Title	Date
	Authorized Representative/Applicant	ASST MGR	7/16/01
sign here		Title	Date
	Supervisor	ASST MGR	7/16/01

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

Special Designated License Application
Supplemental Form

The Special Designated License process is not intended to be used as a vehicle to expand the existing licensed premise.

Name of the Event: Champions Club member football function

Applicant and Sponsoring Organization or Person (if applicable):
Chances "R" Restaurant and Lounge

Date of the Event: August 25, 2001 Time of the Event: 8:00 Am - 12:00 midnight

Has the applicant applied for, and received liquor liability insurance? ☒ yes ☐ no

Number of persons expected to attend: up to 4000 Number of persons under 21 expected: 5% (200) Is the event open to the public? ☐ yes ☒ no

How will you ensure that minors will not be served or consume beverages containing alcohol? check ID's and put wristbands on. Also, security will be making rounds throughout the area.

Will food be served? ☒ yes ☐ no If yes, please list food to be served: hamburgers, hotdogs, chicken sandwiches, + two dinner buffets

Will non-alcoholic beverages be served? ☒ yes ☐ no If yes, please list non-alcoholic beverages to be served: Pepsi Soda products, iced tea, lemonade, coffee, and bottled water

Please identify the beverages containing alcohol that will be served: ☒ wine ☒ beer ☒ distilled spirits Will this be a cash or complimentary bar? ☒ cash ☐ complimentary

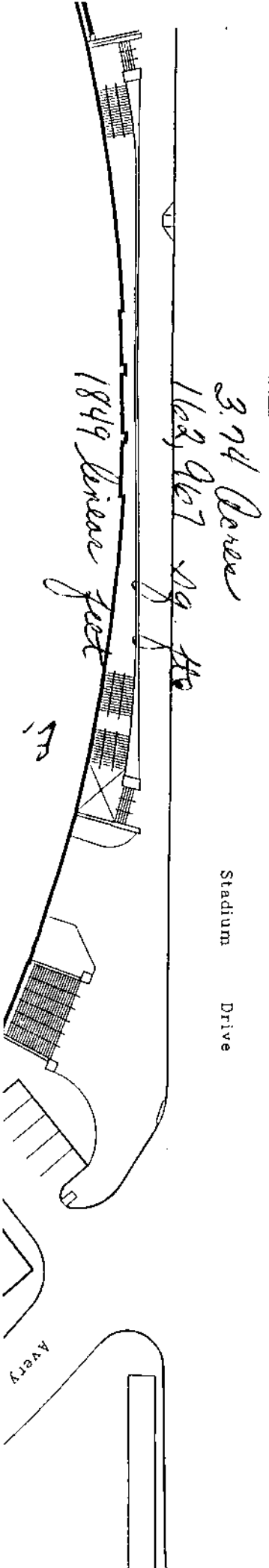
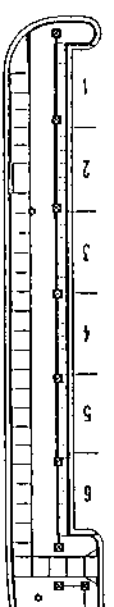
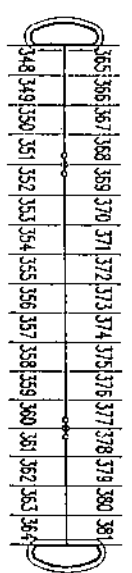
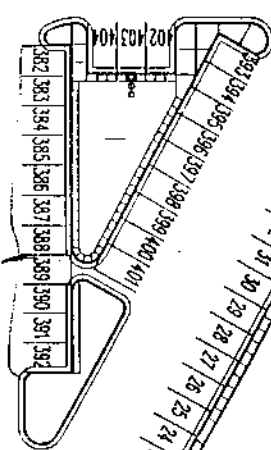
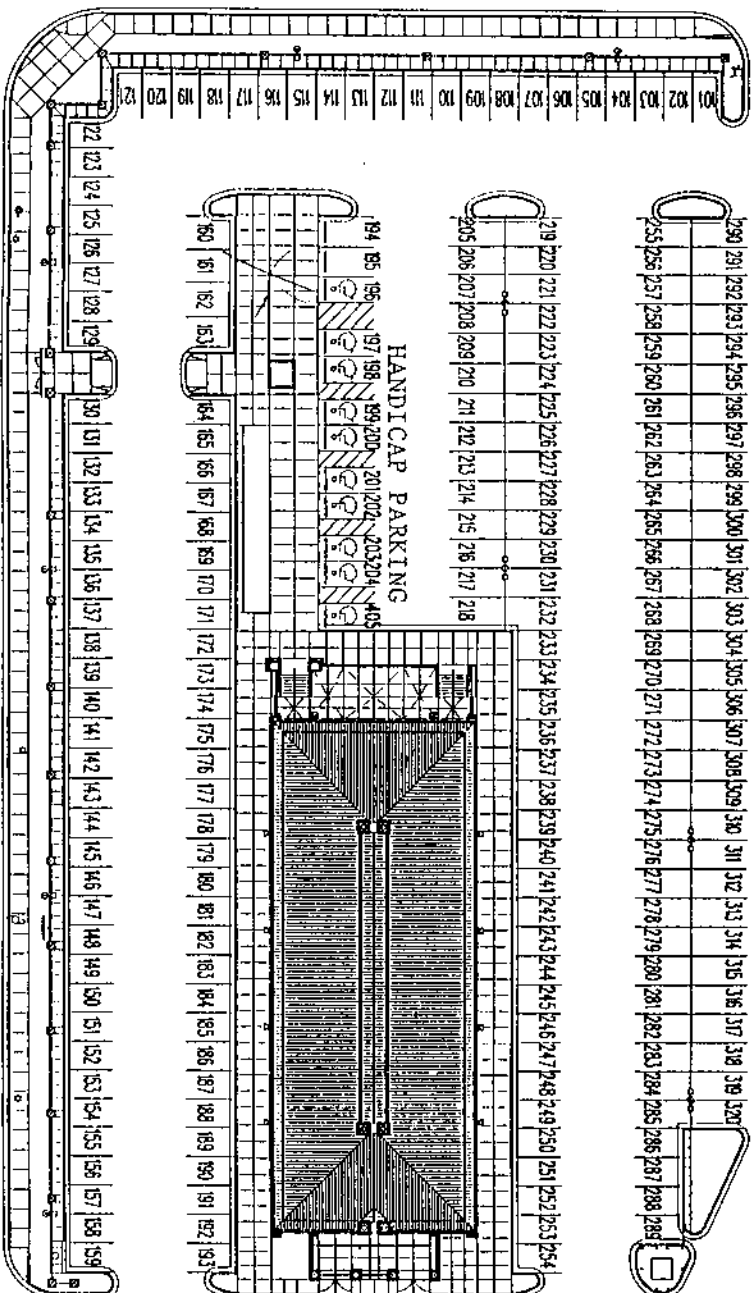
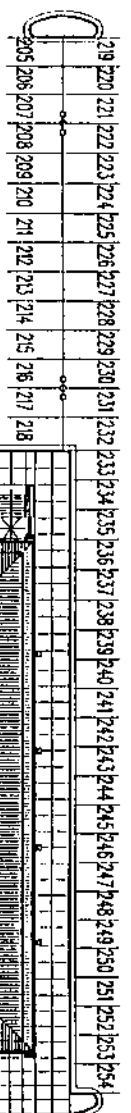
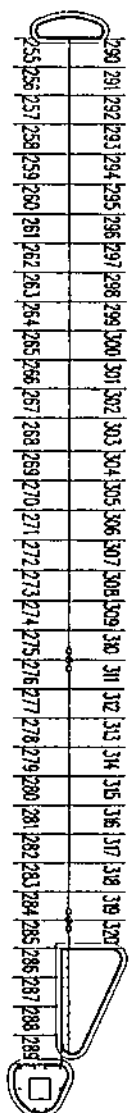
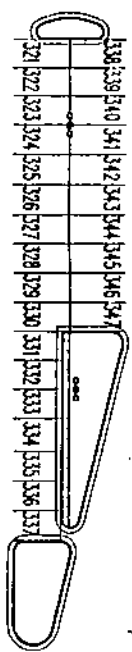
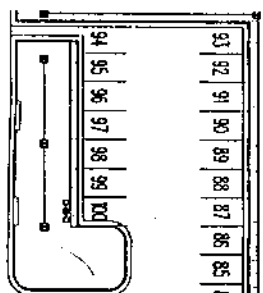
Who will serve the beverages containing alcohol? Chances "R" employees

Have the designated servers received responsible beverage service training? ☐ yes ☒ no

* During orientation all staff (not only servers) will receive training.

Will there be a charge for admission? ☐ yes ☒ no

In the last twelve months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ yes ☒ no
if so, please explain _____



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____ City Attorney
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____ Health Dept.

DATE **08/03/01**

RETURN BY **8/15/01**

CATERER **X**

NON-CATERER

APPLICANT: **TOM VANOUS, CHANCES "R" RESTAURANT**

APPLICANT'S ADDRESS: **124 WEST 5TH STREET, YORK, NE 68467**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **NEBR CHAMPIONS CLUB, 701 NORTH 10TH STREET, LINCOLN, NE 68508**

DATE(S) OF EVENT: **SEPTEMBER 1, 2001**

TIME(S) OF EVENT : **8 A.M. TO 12:00 MIDNIGHT**

TYPE OF ACTIVITY: **PRE-GAME AND POST-GAME FOOD/ENTERTAINMENT FOR CLUB MEMBERS/GUESTS.**

DETAILS ON ATTACHED APPLICATION.


RECOMMENDATION OF APPROVAL OR DENIAL

 X APPROVED

CONDITIONS **NO PRIOR VIOLATIONS**

____ DENIED

REASON(S) FOR _____



Signature

 8-3-01
Date

(If needed, use back for additional space)

NEBRASKA LIQUOR CONTROL COMMISSION
**APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT**

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Complete all Sections

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1. Type of Beverage(s) to be served: ☒ Beer ☒ Wine ☒ Distilled Spirits
2. Status of the Applicant (check one)
☐ Municipal Corporation ☐ Political Corporation ☐ Fine Arts Museum ☐ Fraternal Corporation ☐ Religious Corporation ☐ Charitable Corporation ☒ Retail Licensee ☐ Public Service Corporation
3. **Name and Address** of Corporation, Organization or Licensee obtaining license. **If licensee, give license number**
Is this a catering license ☒ YES ☐ NO
CHANCES "R" RESTAURANT 124 WEST 5TH STREET YORK, NE 68467

CK 00196
4. **Address or location** of premises to be covered by license, City, Zip Code & County
NEBRASKA CHAMPIONS CLUB 701 N. 10TH ST. LINCOLN, NE 68508 LANCASTER COUNTY
5. Is this **PREMISE** currently licensed under the Nebraska Liquor Control Act? ☐ YES ☒ NO
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
NEBRASKA ALUMNI ASSOCIATION
7. Please list the name and **telephone number** of the primary event **supervisor**, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
TOM VANOUS Home # (402) 362-7552 Work # (402) 362-7755
8. Date(s) of occasion (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER
SATURDAY, SEPTEMBER 1, 2001
9. Time(s) of event (example 8am to 1am)
FROM: 8:00AM TO: 12:00 MIDNIGHT
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
PRE-GAME AND POST-GAME FOOD AND ENTERTAINMENT FOR CLUB MEMBERS AND THEIR GUESTS.
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____ Health Dept.

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CATERER **X**

NON-CATERER

APPLICANT: **TOM VANOUS, CHANCES "R" RESTAURANT**

APPLICANT'S ADDRESS: **124 WEST 5TH STREET, YORK, NE 68467**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **NEBR CHAMPIONS CLUB, 701 NORTH 10TH STREET, LINCOLN, NE 68508**

DATE(S) OF EVENT: **SEPTEMBER 8, 2001**

TIME(S) OF EVENT : **8 A.M. TO 12:00 MIDNIGHT**

TYPE OF ACTIVITY: **PRE-GAME AND POST-GAME FOOD/ENTERTAINMENT FOR CLUB MEMBERS/GUESTS.**

DETAILS ON ATTACHED APPLICATION.


RECOMMENDATION OF APPROVAL OR DENIAL

 X APPROVED

CONDITIONS no prior violations

____ DENIED

REASON(S) FOR _____

 843
Signature

8-3-01
Date

(If needed, use back for additional space)

NEBRASKA LIQUOR CONTROL COMMISSION
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<input type="checkbox"/> Municipal Corporation	<input type="checkbox"/> Political Corporation	<input type="checkbox"/> Fine Arts Museum	<input type="checkbox"/> Fraternal Corporation	<input type="checkbox"/> Religious Corporation
<input type="checkbox"/> Charitable Corporation	<input checked="" type="checkbox"/> Retail Licensee	<input type="checkbox"/> Public Service Corporation		
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number				
Is this a catering license <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				CK 00196
CHANCES "R" RESTAURANT 124 WEST 5TH STREET YORK, NE 68467				
4. Address or location of premises to be covered by license, City, Zip Code & County				
NEBRASKA CHAMPIONS CLUB 701 N. 10TH ST. LINCOLN, NE 68508 LANCASTER COUNTY				
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
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NEBRASKA ALUMNI ASSOCIATION				
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NON-CATERER

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APPLICANT'S ADDRESS: **124 WEST 5TH STREET, YORK, NE 68467**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **NEBR CHAMPIONS CLUB, 701 NORTH 10TH STREET, LINCOLN, NE 68508**

DATE(S) OF EVENT: **SEPTEMBER 15, 2001**

TIME(S) OF EVENT : **8 A.M. TO 12:00 MIDNIGHT**

TYPE OF ACTIVITY: **PRE-GAME AND POST-GAME FOOD/ENTERTAINMENT FOR CLUB MEMBERS/GUESTS.**

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

 X APPROVED

CONDITIONS *NO PRIOR VIOLATIONS*

_____ DENIED

REASON(S) FOR _____

 [Signature] #843
Signature

 8-3-01
Date

(If needed, use back for additional space)

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**APPLICATION FOR SPECIAL DESIGNATED LICENSE
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3. **Name and Address** of Corporation, Organization or Licensee obtaining license. **If licensee, give license number**

Is this a catering license ☒ YES ☐ NO

CK 00196

CHANCES "R" RESTAURANT 124 WEST 5TH STREET YORK, NE 68467

4. **Address or location** of premises to be covered by license, City, Zip Code & County

NEBRASKA CHAMPIONS CLUB 701 N. 10TH ST. LINCOLN, NE 68508 LANCASTER COUNTY

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SATURDAY, SEPTEMBER 15, 2001

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DATE(S) OF EVENT: **OCTOBER 6, 2001**

TIME(S) OF EVENT : **8 A.M. TO 12:00 MIDNIGHT**

TYPE OF ACTIVITY: **PRE-GAME AND POST-GAME FOOD/ENTERTAINMENT FOR CLUB MEMBERS/GUESTS.**

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RECOMMENDATION OF APPROVAL OR DENIAL

 X APPROVED

CONDITIONS no violations

____ DENIED

REASON(S) FOR _____

 #843
Signature

8-3-01
Date

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NEBRASKA ALUMNI ASSOCIATION

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TOM VANOUS Home # (402) 362-7552 Work # (402) 362-7755

8. Date(s) of occasion (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER

SATURDAY, OCTOBER 6, 2001

Time(s) of event (example 8am to 1am)

FROM: 8:00AM TO: 12:00 MIDNIGHT

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

PRE-GAME AND POST-GAME FOOD AND ENTERTAINMENT FOR CLUB MEMBERS AND THEIR GUESTS.

11. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

CONTINUE ON BACK

Old forms will not be accepted after October, 1998

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

____ City Attorney
____ Bureau of Fire Prevention
____ Health Dept.

DATE **08/03/01**

RETURN BY **8/15/01**

CATERER **X**

NON-CATERER

APPLICANT: **TOM VANOUS, CHANCES "R" RESTAURANT**

APPLICANT'S ADDRESS: **124 WEST 5TH STREET, YORK, NE 68467**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **NEBR CHAMPIONS CLUB, 701 NORTH 10TH STREET, LINCOLN, NE 68508**

DATE(S) OF EVENT: **OCTOBER 20, 2001**

TIME(S) OF EVENT : **8 A.M. TO 12:00 MIDNIGHT**

TYPE OF ACTIVITY: **PRE-GAME AND POST-GAME FOOD/ENTERTAINMENT FOR CLUB MEMBERS/GUESTS.**

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

 X APPROVED

CONDITIONS *NO PRIOR VIOLATIONS*

____ DENIED

REASON(S) FOR _____

 [Signature] #843
Signature

 8-3-01
Date

(If needed, use back for additional space)

NEBRASKA LIQUOR CONTROL COMMISSION
**APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT**

PLEASE TYPE OR PRINT

Complete all Sections

Commission Use Only

Complete and return **THE ORIGINAL WITH A DUPLICATE** to the Nebraska Liquor Control Commission, P.O. Box 95046, Lincoln, NE 68509. A license fee of \$25 (payable to Nebraska Liquor Control Commission) for each day for which the license is applied (not to exceed six days in one calendar year) and local approval must be included with this application. A SIGNED STATEMENT FROM LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICH EVER IS APPLICABLE, AS PER QUESTION 11, MUST BE INCLUDED.

A NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS - Page 3.

1. Type of Beverage(s) to be served:		<input checked="" type="checkbox"/> Beer	<input checked="" type="checkbox"/> Wine	<input checked="" type="checkbox"/> Distilled Spirits	
2. Status of the Applicant (check one)					Public
<input type="checkbox"/> Municipal Corporation	<input type="checkbox"/> Political Corporation	<input type="checkbox"/> Fine Arts Museum	<input type="checkbox"/> Fraternal Corporation	<input type="checkbox"/> Religious Corporation	<input type="checkbox"/> Charitable Corporation
				<input checked="" type="checkbox"/> Retail Licensee	<input type="checkbox"/> Service Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number					CK 00196
Is this a catering license <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
CHANCES "R" RESTAURANT 124 WEST 5TH STREET YORK, NE 68467					

4. Address or location of premises to be covered by license, City, Zip Code & County

NEBRASKA CHAMPIONS CLUB 701 N. 10TH ST. LINCOLN, NE 68508 LANCASTER COUNTY

5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? ☐ YES ☒ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

NEBRASKA ALUMNI ASSOCIATION

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

TOM VANOUS Home # (402) 362-7552 Work # (402) 362-7755

8. Date(s) of occasion (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER

SATURDAY, OCTOBER 20, 2001

9. Time(s) of event (example 8am to 1am)

FROM: 8:00AM TO: 12:00 MIDNIGHT

10. Describe the Type of Activity to be carried on during the time period for which the license is requested.

PRE-GAME AND POST-GAME FOOD AND ENTERTAINMENT FOR CLUB MEMBERS AND THEIR GUESTS.

PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

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**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

____ City Attorney
____ Bureau of Fire Prevention
____ Health Dept.

DATE 08/03/01

RETURN BY 8/15/01

CATERER X

NON-CATERER

APPLICANT: TOM VANOUS, CHANCES "R" RESTAURANT

APPLICANT'S ADDRESS: 124 WEST 5TH STREET, YORK, NE 68467

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : NEBR CHAMPIONS CLUB, 701 NORTH 10TH STREET, LINCOLN, NE 68508

DATE(S) OF EVENT: OCTOBER 27, 2001

TIME(S) OF EVENT : 8 A.M. TO 12:00 MIDNIGHT

TYPE OF ACTIVITY: PRE-GAME AND POST-GAME FOOD/ENTERTAINMENT FOR CLUB MEMBERS/GUESTS.

DETAILS ON ATTACHED APPLICATION.

RECOMMENDATION OF APPROVAL OR DENIAL

 X APPROVED

CONDITIONS NO PRIOR VIOLATIONS

 DENIED

REASON(S) FOR _____

 Asb #843
Signature

 8-3-01
Date

(If needed, use back for additional space)

NEBRASKA LIQUOR CONTROL COMMISSION
APPLICATION FOR SPECIAL DESIGNATED LICENSE
UNDER NEBRASKA LIQUOR CONTROL ACT

PLEASE TYPE OR PRINT

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1. Type of Beverage(s) to be served: ☒ Beer ☒ Wine ☒ Distilled Spirits

2. Status of the Applicant (check one)

<input type="checkbox"/> Municipal Corporation	<input type="checkbox"/> Political Corporation	<input type="checkbox"/> Fine Arts Museum	<input type="checkbox"/> Fraternal Corporation	<input type="checkbox"/> Religious Corporation	<input type="checkbox"/> Charitable Corporation	<input checked="" type="checkbox"/> Retail Licensee	<input type="checkbox"/> Public Service Corporation
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3. **Name and Address** of Corporation, Organization or Licensee obtaining license. If licensee, give license number

CK 00196

Is this a catering license ☒ YES ☐ NO

CHANCES "R" RESTAURANT 124 WEST 5TH STREET YORK, NE 68467

4. **Address or location** of premises to be covered by license, City, Zip Code & County

NEBRASKA CHAMPIONS CLUB 701 N. 10TH ST. LINCOLN, NE 68508 LANCASTER COUNTY

5. Is this **PREMISE** currently licensed under the Nebraska Liquor Control Act? ☐ YES ☒ NO

6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.

NEBRASKA ALUMNI ASSOCIATION

7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

TOM VANOUS Home # (402) 362-7552 Work # (402) 362-7755

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SATURDAY, OCTOBER 27, 2001

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DATE **08/03/01**

RETURN BY **8/15/01**

CATERER **X**

NON-CATERER

APPLICANT: **TOM VANOUS, CHANCES "R" RESTAURANT**

APPLICANT'S ADDRESS: **124 WEST 5TH STREET, YORK, NE 68467**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE : **NEBR CHAMPIONS CLUB, 701 NORTH 10TH STREET, LINCOLN, NE 68508**

DATE(S) OF EVENT: **NOVEMBER 10, 2001**

TIME(S) OF EVENT : **8 A.M. TO 12:00 MIDNIGHT**

TYPE OF ACTIVITY: **PRE-GAME AND POST-GAME FOOD/ENTERTAINMENT FOR CLUB MEMBERS/GUESTS.**

DETAILS ON ATTACHED APPLICATION.

=====

RECOMMENDATION OF APPROVAL OR DENIAL

=====

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CONDITIONS **NO PRIOR VIOLATIONS**

____ DENIED

REASON(S) FOR _____

 [Signature] **H843**
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Date

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CHANCES "R" RESTAURANT 124 WEST 5TH STREET YORK, NE 68467

CK 00196

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